



**CALIFORNIA EMERGENCY MANAGEMENT AGENCY  
PUBLIC SAFETY AND VICTIM SERVICES PROGRAMS**

February 10, 2010

Antoinette Jordan, CHAT Program Project Director  
Lake Family Resource Center  
5350 Main Street  
Kelseyville, CA 95451

Re: Grant Award # AT08051641

Dear Ms. Jordan:

On January 25 – 26, 2010, Alan Logan and I conducted a site visit of the Child Abuse Treatment (CHAT) Program operated by Lake Family Resource Center. Thank you for your time and cooperation during the site visit. It was a pleasure meeting you and the staff who support the CHAT Program.

During the site visit, we discussed California Emergency Management Agency's requirements for the program, the goals and objectives, the in-kind match requirements, the source documentation, and the reporting requirements. As a result of the visit, I have found the project in most areas to be in compliance and functioning within the parameters established in the Grant Award Agreement. However, there were some findings (out-of-compliance) which require corrective actions. Please send me a corrective action letter by **March 11, 2010** addressing the following topics.

Overall, the Administrative Review appears to be satisfactory. However, there are seven administrative issues needing to be addressed:

1. The Certificate of Liability Insurance (Fidelity Bond) names "Office of Emergency Services" as the certificate holder (beneficiary) and the certificate of Liability Insurance (Fidelity Bond) has an effective date of 06/30/09 and expiration date of 06/30/10. (Administrative Review #2 of Site Visit Report)

***Actions Needed:***

- A) Per Recipient Handbook, Section 2161.4, change certificate holder (beneficiary) to "State of California, California Emergency Management Agency." Indicate in the corrective action letter how this will be resolved.

- B)** Per Recipient Handbook, Section 2161.3, a new Certificate of Liability Insurance (Fidelity Bond) must be obtained and submitted to Cal EMA prior to the expiration date. If the insurance company allows, it may be easiest to have the policy effective and expiration dates match the beginning and end dates of the grant (October 1 – September 30). Indicate in the corrective action letter how this will be resolved.
2. We were provided with a sample CEQA compliance memo for a waiver, and not an actual document in the name of Lake Family Resource Center. (Administrative Review #3 of Site Visit Report)

**Action Needed:** Per Recipient Handbook, Section 2153, your agency must certify it is in compliance with CEQA. Please provide an official document from the City of Kelseyville or the County of Lake certifying Lake Family Resource Center has a CEQA waiver, or that Lake Family Resource Center has adopted or certified an environmental document for the agency complying with the requirements of CEQA. Indicate in the corrective action letter how this will be resolved.

3. Lake Family Resource Center is currently late submitting the November 2009 Cal EMA 2-201 report. During the October 1, 2008 to September 30, 2009 grant period, the project was consistently late (up to 3 months late) in submitting its' 2-201 reports. (Administrative Review #11 of Site Visit Report)

**Action Needed:** Per recipient Handbook, Section 6312.1, "With the exception of the first and final payment requests, projects must submit a Report of Expenditures and Request for Funds (Cal EMA 2-201), to Cal EMA within 30 calendar days of the end of the reporting period, whether or not funds are requested." Please submit future Cal EMA 2-201 reports within 30 calendar days of the end of the reporting period. Indicate in the corrective action letter how this will be resolved.

4. Lake Family Resource Center's ledger included a "Dues and Subscriptions" category. "Dues and Subscriptions" is not included in the budget submitted by you and later approved by Cal EMA. Administrative Review #11 of Site Visit Report)

**Action Needed:** Per Recipient Handbook, Section 6420.1, "Expenditures of grant funds must be recorded in categories which parallel the Grant Award." Please submit a Grant Award Modification Request (Cal EMA Form 2-223) and budget forms to include "Dues and Subscriptions" within a line item (for instance, in Office and Educational Supplies) or as its' own line item. Include new Budget Narrative pages to describe what category it will be included in and how this will benefit the program. Indicate in the corrective action letter how this will be resolved.

5. In-Kind Match was not included in Lake Family Resource Center's Ledger. (Administrative Review #11 of Site Visit Report)

**Action Needed:** Per Recipient Handbook, Section 6400.4, "Match funds and related expenditures must be identified in the accounting records or general ledger and reported on the Report of Expenditures and Request for Funds (Cal EMA 2-201). Please include In-Kind Match funds in the general ledger for Lake Family Resource Center and indicate on the corrective action letter how this issue will be resolved.

6. Lake Family Resource Center currently uses volunteer time from its phone crisis line for its In-Kind Match. The volunteer time on the crisis line is divided at a rate of one-and-one half to the CHAT Program and the other half to the Domestic Violence Program; however, the supporting documentation of names on a calendar is inadequate to substantiate half of all calls are CHAT Program related. (Administrative Review #12 of Site Visit Report)

**Action Needed:** Per Recipient Handbook, Section 6512 and Section 6420.2, "All general ledger account entries must be supported by the subsidiary records and the original source documentation. The format of the subsidiary records is determined by the project. The project must be able to show with documentation or work sheet that general ledger entries can be traced (reconciled) to the Report of Expenditures and Request for Funds (Cal EMA 2-201).

If Lake Family Resource Center is going to continue to use volunteer time on its crisis line for In-Kind-Match, you must be able to show (reconcile) the amount of time or calls that are related to the CHAT Program. In order to do this, a suggestion is to do a 3-month time study on the crisis line calls to see how many or what percentage of calls are CHAT Program related. You may want to ask each caller if he/she has children in the household affected by the crisis. You may want to also diversify in the use of other In-Kind-Match sources such as: volunteers cleaning the facilities used by the CHAT Program staff and clients; volunteers cleaning and sanitizing the CHAT Program therapy toys; and use of the supervised time of your MFT Intern in appropriate CHAT Program related activities. Indicate in the corrective action letter how this will be resolved.

7. Lake Family Resource Center was not able to produce a Limited English Proficiency (LEP) policy document related to EEO requirements. You stated Spanish has been the only language other than English that has been needed/requested by clients, and that you have been able to utilize qualified staff to translate. Attachment 11A, Bilingual Service Policy sample document was provided.  
(Administrative Review #13 of Site Visit Report and #10 of the EEO Checklist)

**Action Needed:** Produce a LEP plan to include how you will serve clients if they need translation services; please note there are telephone translation services available. Indicate in the corrective action letter how this will be resolved.

During the Programmatic Review there were six identified issues needing to be addressed: Client CHAT Program eligibility determination; therapy notes, no goals, plan; therapy assessments; volunteer 40-hour training; and required Operational Agreements. In addition, the absence of

Gloria Maxwell, Program Manager, who is on extended Family Leave, brought to light other issues relates to access to documentation available only on her computer - other employees not knowing how to use R-Client software.

1. In reviewing the redacted therapy case files, there was nothing to show how client eligibility determination for the CHAT Program was made. Toni Jordan stated that after intake, she determines if the client is eligible for CHAT Program services based upon abuse or trauma and upon the status of insurance coverage. (Programmatic Review, Site Visit Report #1)

**Action Needed:** Intake forms need to be clearer as to how the agency determines whether a client is eligible for the CHAT Program. There needs to not only be a place to indicate the type of abuse or trauma, but also if the child has insurance. If a child is seen in the CHAT Program who has another form of insurance or is eligible for Medi-cal or the victim compensation program, there needs to be a place to justify why it is in the best interest of the child to be seen in the CHAT Program. Determining eligibility is a key issue; the CHAT Program is primarily for unserved children who have no insurance or underserved children who do not have access to therapy. However, if a client has insurance, but is on a waiting list or no provider is available who accepts this insurance, the client can be seen in the CHAT Program. The therapist needs to document that "although the client has X insurance, it is in the client's best interest to be seen under the CHAT Program immediately (provide reasons – waiting list, bad experience at Mental Health/etc., language issues, etc.).

Indicate in the corrective action letter how this will be resolved. It was discussed that new CHAT Program eligibility determination form will be developed to replace the intake form to indicate if child client has insurance and if so, why child qualifies for CHAT Program therapy services and what abuse or trauma the child had.

2. In reviewing the redacted therapy case files, it was determined the therapy notes could have been more complete. Although a treatment plan form was available, it did not appear that it was being used. There did not appear to be therapy goals and plans, and handwritten notes were at times difficult to read. (Programmatic Review, Site Visit Report #1)

**Action Needed:** Without goals and plans to meet those goals, progress cannot be tracked. Include an overall goal for the client's case, and modalities and activities utilized to address the problem. Also have a therapeutic goal for each session. I suggest that therapy notes be typewritten/computer to make them easier to read. If there were a change in therapist, the new therapist would then easily be able to interpret the case notes. Indicate in the corrective action letter how this will be resolved.

3. In reviewing the redacted therapy case files, it appeared only at intake was a Child Behavior Checklist assessment completed, but not at 6-month intervals or at termination. The CHAT Program requires an objective measure of progress to justify/validate a

decrease in symptoms and that therapeutic services are truly making a difference in a child's life. The use of accepted assessment measures in proving client progress/improvement is one way to show other funders that you have an effective program – helpful when applying for other grants. With no assessment at termination, or summary, it was unclear why counseling was terminated.  
(Programmatic Review, Site Visit Report #1, see RFA for requirements)

**Action Needed:** Indicate in the corrective action letter how this will be resolved.

4. Lake Family Resource Center was not able to provide proof of volunteer's completion of the required 40-hour training prior to child client contact. Volunteers needing this proof are the crisis line volunteers and the MFT Intern if are going to use his time.  
(Programmatic Review, Site Visit Report #4, see RFA for requirements)

**Action Needed:** For the crisis line volunteers, provide copies of and keep a certificate of completion for each volunteer showing having completed the training. For the MFT Intern volunteer, should you choose to use his time for In-Kind-Match, a copy of his school transcripts may provide the proof he completed the required training at school. If not, you will need to provide the training and certification. Indicate in the corrective action letter how this will be resolved.

5. Lake Family Resource Center was only able to provide the Operational Agreement with Lake County Victim/Witness Assistance Center, but was not able to provide copies of the other six required Operational Agreements. Toni Jordan stated the copies of the missing Operational Agreements may be in a box in storage from when the office moved recently from Lakeport to Kelseyville. (Programmatic Review, Site Visit Report #7, see RFA for requirements)

**Action Needed:** Obtain and provide copies of the required Operational Agreements to Cal EMA for the grant period 2008/2009. If you do not have these, provide copies of all the required OA's for the current grant period. The required Operational Agreements besides the Victim/Witness Assistance Center are to be with: Local Law Enforcement; California Coalition for Youth (CCY); California Workforce Investment Board's State or Local Youth Council; Local Hospitals; Local Schools or School Districts; and, County Social Services Department. The Operational Agreements must be CHAT Program specific and have beginning and ending dates. Indicate in the corrective action letter how this will be resolved.

6. The absence of Gloria Maxwell, Program Manager, who is on extended Family Leave, brought to light other issues relates to access to documentation available only on her computer and other employees not knowing how to use R-Client software.

Antoinette Jordan  
February 10, 2010  
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***Action Needed:*** Indicate in the corrective action letter how this will be resolved.

Please review the enclosed Site Visit Report form; sign the cover page and mail it to me at your earliest convenience. Also complete a Corrective Action Letter with the requested actions and return to me by **March 11, 2010**. Should you have questions, please contact me at (916) 323-7730. Once again, thank you for meeting with Alan Logan and I.

Sincerely,

RICHARD BUNCH  
Program Specialist  
Children's Section

Enclosures:

- Site Visit Report
- EEO Checklist

**CALIFORNIA EMERGENCY MANAGEMENT AGENCY (Cal EMA)**

**PROGRAM: CHILD ABUSE TREATMENT (CHAT) PROGRAM**

**PERFORMANCE ASSESSMENT / SITE VISIT REPORT**

1. **GRANT AWARD NUMBER:** AT08051641    **DATE OF SITE VIST:** 01/25-26/2010
2. **GRANT PERIOD:** October 1, 2008 through September 30, 2009
3. **RECIPIENT/IMPLEMENTING AGENCY:** Lake Family Resource Center
4. **PROJECT DIRECTOR:** Antoinette (Toni) Jordan

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**PERSONS INTERVIEWED DURING SITE VISIT:**

<u>NAME</u>	<u>TITLE</u>	<u>AGENCY</u>
<u>Toni Jordan</u>	<u>Clinical Services Director</u>	<u></u>
<u>Lisa Fronsman</u>	<u>Deputy Director of Fiscal</u>	<u></u>
<u>Gloria Flaherty</u>	<u>Executive Director</u>	<u></u>
<u>Michele Meek</u>	<u>Human Resources Manager</u>	<u></u>
<u>John Ward</u>	<u>Therapist</u>	<u></u>
<u></u>	<u></u>	<u></u>
<u></u>	<u></u>	<u></u>
<u></u>	<u></u>	<u></u>
<u></u>	<u></u>	<u></u>

Richard Bunch  
**Signature of Program Specialist**

02/10/2010  
**Date**

Gillsa Miller  
**Signature of Section Chief**

02/10/2010  
**Date**

\_\_\_\_\_  
**Signature of Project Representative    Date**

7/28/2010

## PERFORMANCE ASSESSMENT/SITE VISIT REPORT

### A. ADMINISTRATIVE REVIEW

	<u>YES</u>	<u>NO</u>	<u>N/A</u>
<b>1. <u>OPERATIONAL DOCUMENTS</u></b>			
Review hard copy/verify the ability to access on line:			
• The Cal EMA Recipient Handbook (R.H.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• The Approved Grant Award Agreement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• The RFA/RFP (supersedes the requirement of the R.H.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• The Program Guidelines (supersedes the requirement of the R.H.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Is the project familiar with Office of Management and Budget, OMB Circulars which govern your organization? Circulars may be found at <a href="http://www.whitehouse.gov/omb/circulars">www.whitehouse.gov/omb/circulars</a> .	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: \_\_\_\_\_

### 2. FIDELTY BOND - COMMUNITY BASED ORGANIZATION (CBO ) & AMERICAN INDIAN ORGANIZATIONS ONLY

• Obtain copy of required CBO bonding? <i>[R.H. Section 2160]</i> Does not apply to state, city, or county units of government.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Does the bond show:			
○ Bonding company name	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
○ Bond number	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
○ Description of coverage	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
○ Amount of coverage (50% of allocation)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
○ Bond period	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
○ Grant award number	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
○ Bond include Form A (Employee Dishonesty) and Form B (Forgery Coverage)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
○ Is Cal EMA named on the bond as the beneficiary?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Comments: Beneficiary on bond is "Office of Emergency Services," should be "State of California, California Emergency Management Agency." Effective date on bond is 06/30/09 and expiration date is 06/30/10. Will need to supply Cal EMA with a new bond before current one expires to continue at least until the end of the grant period (September 30, 2010).

### 3. ENVIRONMENTAL IMPACT – CEQA COMPLIANCE (R.H. Section 2153)

• Does the project have their CEQA documentation on file?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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Comments: We were given a sample CEQA compliance memo. Agency needs to get a CEQA waiver memo in the name of the agency in their current location.

## PERFORMANCE ASSESSMENT/SITE VISIT REPORT

### A. ADMINISTRATIVE REVIEW (Continued)

YES   NO   N/A

#### 4. PROOF OF AUTHORITY (R.H. Section 1350)

- Does the project have a written authorization/resolution on file as required by the Grant Award Agreement? \*Ask for copy

☒   ☐   ☐

Comments: \_\_\_\_\_

#### 5. ORGANIZATIONAL CHART

- Review the organizational chart. Are all budgeted positions identified?

☒   ☐   ☐

Comments: \_\_\_\_\_

#### 6. Cal EMA MODIFICATION (Cal EMA 2-223)

- Review the purpose/preparation of Grant Award Modification (Cal EMA 2-223). [R. H. Section 7500] (Instruct the project staff on the procedure to obtain the most recent forms from Cal EMA website.)

A modification is needed for the following:

- Budget changes
- Change in key personnel
- Adding/changing additional signers
- Change goals/objectives, or activities
- Address change
- Other

☒   ☐   ☐

Comments: Project submitted Modification #2 just before our arrival to change Objective goals. Project will need to do a Modification #3 to add "Dues and Subscriptions" as its own line item or included in another line item (i.e., Office and Educational Supplies).

#### 7. PERSONNEL POLICIES

- Does the project staff have access to written personnel policies as required? [R. H. Section 2130]

☒   ☐   ☐

- Do policies include:

- Maintenance of personnel files for all paid and volunteer staff including job applications, salaries, benefits, and current job duties/descriptions
- A current Drug Free Workplace policy statement on file signed by the employee? [R. H. Section 2152]
- Work hours
- Compensation rates
- Overtime

☒   ☐   ☐

☒   ☐   ☐

☒   ☐   ☐

☒   ☐   ☐

☒   ☐   ☐

- Did the Board approve the agency's current personnel policy?

☒   ☐   ☐

Comments: Employee Handbook and other required personnel documents were all provided.

## PERFORMANCE ASSESSMENT/SITE VISIT REPORT

### A. ADMINISTRATIVE REVIEW (Continued)

YES   NO   N/A

#### 8. FUNCTIONAL TIMESHEETS

- Does the project use functional timesheets for each grant funded position less than 1 FTE? OR Time Study Allocation plan updated within the last 2 years? [R. H. Section 11331] ☒   ☐   ☐
- Are timesheets (paid staff & volunteer) signed by staff & approved by supervisor? (Review timesheets to ensure they are signed by the staff and supervisor) ☒   ☐   ☐

Comments: \_\_\_\_\_

#### 9. DUTIES OF FINANCIAL OFFICER AND BOOKKEEPER

- Are the duties of the financial officer and the bookkeeper separate to ensure no one person has complete authority over a financial transaction? ☒   ☐   ☐
  - Name of individual who approves purchases.  
Lisa Fronsman – Dep. Dir. Of Fiscal
  - Name of individual who writes checks.  
Maggie Gonzalez – Accounting Assistant
  - Name of individual(s) who signs checks.  
Gloria Flaherty, Stephanie Lilly, Rae-Eby-Carl, Jon Tompkins, Joanne VanEck

Comments: \_\_\_\_\_

#### 10. SOURCE DOCUMENTATION-Fiscal [R. H. Section 11000]

- Does the project maintain a record-keeping system which will accurately support costs claimed on Report of Expenditure and Request for Funds (Cal EMA Form 2-201)? ☒   ☐   ☐
- Does the project maintain an accurate inventory log of equipment purchased with grant funds? ☐   ☐   ☒

Comments: Project uses Sage Accounting software, MIP fund accounting software.

#### 11. PROJECT EXPENDITURES

- Is the project's expenditure rate commensurate with the elapsed period of the grant? ☒   ☐   ☐
- Are the project's expenditures being made in accordance with the terms of the Grant Award Agreement? ☐   ☒   ☐
- Does the project need to submit a Grant Award Modification Request (Cal EMA Form 2-223)? ☒   ☐   ☐
- Is the project up-to-date with the submission of Cal EMA Form 201? ☐   ☒   ☐

Comments: Project needs to do a Modification #3 to include "Dues and Subscriptions" in a line item on the budget. There was a pattern of 2-201's being turned in late for the 08/09 grant and the current grant's November 2009 2-201 is late.

## PERFORMANCE ASSESSMENT/SITE VISIT REPORT

### A. ADMINISTRATIVE REVIEW (Continued)

#### 12. MATCH REQUIREMENTS

YES   NO   N/A

- Does the project have a match requirement? ☒ ☐ ☐
- Is the project meeting the match requirement? ☐ ☐ ☒
- Review the supporting documentation to substantiate cash or in-kind match. ☐ ☒ ☐

Comments: Project currently uses volunteer time from phone crisis line as an In-Kind-Match at a rate of ½ for CHAT and ½ for DV. There is no supporting documentation to substantiate these figures. It was suggested that the project do a 3-month time study on crisis line calls to give a solid number or percentage of calls that are CHAT related. Suggested that volunteers ask each caller on the crisis line if they have a child in the household affected by the crisis they called in about. If so, that call can count toward CHAT. It was suggested that they might consider using volunteer time cleaning CHAT toys and facilities used by CHAT. They also have an MFT Intern volunteer that could be used by CHAT in appropriate ways.

#### 13. EEO POLICY

- Go over EEO checklist. (Separate document) ☒ ☐ ☐

Comments: Provided us with Employee Handbook and other EEO documents. Needs LEP Language policy.

## PERFORMANCE ASSESSMENT/SITE VISIT REPORT

### B. PROGRAMMATIC REVIEW

#### GENERAL

YES NO N/A

#### 1. PROGRAM GOALS AND OBJECTIVES

- Review the goals and objectives of the program and the programmatic requirements of the Grant Award Agreement. Is the project meeting the program goals and objectives?
- Does the project staff need to submit Cal EMA Form 2-223 to modify their grant objectives?

☒ ☐ ☐  
☒ ☐ ☐

Comments: Goals were too high for a .75 time therapist and Toni Jordan who sometimes does therapy. Project just submitted a Modification #2 to lower the Objective goals to a more realistic number.

#### 2. PROGRESS REPORT

- Discuss and review the programmatic Progress Report requirements.

☒ ☐ ☐

Comments: \_\_\_\_\_

#### 3. SOURCE DOCUMENTATION-Programmatic

- Is the project maintaining a record keeping and data collection process that will accurately support the project's reported data on the Progress Report form?
- Review the project's file system and data collection process.

☒ ☐ ☐

Comments: \_\_\_\_\_

#### 4. OPERATIONAL AGREEMENTS

- Does the project have current Operational Agreements as required by the Grant Award Agreement?

☐ ☒ ☐

Comments: Project only had the OA with Lake County Victim/Witness Assistance Center available to show us. Need to show us all the other required OA's.

#### 5. PROJECT STAFF DUTIES

- Interview project staff and discuss their duties and the relationship to the grant. Are employees performing duties as stated in the Grant Award Agreement?

☒ ☐ ☐

Comments: Employees performing duties as stated in the Grant Award Agreement.

## PERFORMANCE ASSESSMENT/SITE VISIT REPORT

### C. SUPPLEMENTAL PROGRAMMATIC REVIEW

\*\*\* Staff Note\*\*\*: Supplemental Programmatic Review sections should be unique to each program. Complete this section to meet your program's specific objectives. Below is a sample from the **Child Abuse Treatment Program**.

- |  | YES                                 | NO                       | N/A                      |
|--|-------------------------------------|--------------------------|--------------------------|
| 1. Does the project provide one-on-one therapeutic services by licensed clinicians? If not, explain the credentials of the mental health therapists. Discuss the type of therapy received by the child client (how often, group, individual, PCIT, trauma-focused, etc.) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments: John Ward, Licensed Clinician, .75 FTE is the main therapist. Toni Jordan sometimes does therapy, individual and rarely group. They use Trauma based CBT.

- |  |                                     |                          |                          |
|--|-------------------------------------|--------------------------|--------------------------|
| 2. Does the project provide information and referral to the local Victim Witness Assistance Center for victim compensation services? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--|-------------------------------------|--------------------------|--------------------------|

Comments: All clients are informed verbally about the service and given a brochure.

- |  |                                     |                          |                          |
|--|-------------------------------------|--------------------------|--------------------------|
| 3. Does the project provide information and referral to the local Victim Witness Assistance Center for assistance, advocacy and support during judicial proceedings? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--|-------------------------------------|--------------------------|--------------------------|

Comments: \_\_\_\_\_

- |  |                                     |                          |                          |
|--|-------------------------------------|--------------------------|--------------------------|
| 4. How does the project use the mandated volunteers? If the project does not use volunteers, has the project received a volunteer waiver for the <u>current grant award period</u> ? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--|-------------------------------------|--------------------------|--------------------------|

Comments: \_\_\_\_\_

- |  |                                     |                          |                                     |
|--|-------------------------------------|--------------------------|-------------------------------------|
| 5. Have volunteers completed the required 40-hour training prior to child client contact? Review documentation.                            | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 6. Do volunteers complete a sign-in sheet with date, time, activities and signature by the project's project director or designated staff? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 7. Have all employees and volunteers completed the required background checks?   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |

Comments: Project was not able to provide proof of the required 40-hour training for volunteers, but stated that they all had completed it. It was suggested that they produce a certificate of completion for the training as proof. They do have a MFT Intern volunteer who may be able to use his school transcripts as proof of completion.

## PERFORMANCE ASSESSMENT/SITE VISIT REPORT

YES   NO   N/A

8. Does the recipient have on file documentation supporting the completion of the following (have designated project staff show you where these documents are; however, do not review):

- Reference Checks
- Criminal Background Check (if staff/volunteers have resided in California for less than 3 years, out-of-state criminal history checks are also required)
- Child Abuse Central Index Checks
- Department of Motor Vehicle Checks

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: Uses DOJ and FBI background checks.

9. What is the recipient's policy of handling negative evaluations or adverse actions on project staff?

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Comments: Provides addition training, goes over requirements, steps of discipline.

10. Current OA's on file with:

- Law Enforcement
- California Coalition for Youth (CCY)
- Victim Witness Assistance Center
- California Workforce Investment Board's State or Local Youth Council
- Local Hospitals
- Local Schools
- County Social Services Department

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Comments: Project could only find the OA for the Lake County Victim/Witness Assistance Center. Toni thought that the other required OA's may be in a box in storage from when they moved from Lakeport to their current location in Kelseyville. Needs to provide Cal EMA with copies of missing OA's.

11. Client Confidentiality

- Written policy regarding client confidentiality.
- Written policy regarding the maintenance of confidential client records.
- Client records are kept confidential per E.C. Section 1037.1.
- Client records are kept in a locked room or file cabinet.

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: In the intake packet for clients and near the front door on wall.

## PERFORMANCE ASSESSMENT/SITE VISIT REPORT

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### D. ADDITIONAL COMMENTS:

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**ADMINISTRATIVE** (document strengths, topics needing improvement, follow-up, etc.)

Alan and I had a very pleasant site visit. Toni Jordan, Gloria Flaherty, Lisa Fronsman, John Ward and the rest of the staff made us feel very welcome. We want to thank Lisa for having the EEO information and other request information and documents so organized for us. Preparation like this makes the site visit go so much smoother, and is much appreciated.

The Administrative Review revealed that for the most part, the project was in compliance with Cal EMA requirements for the project. There were seven administrative issues that are addressed further in the Site Visit Letter. They are:

- 1) Certificate of Liability Insurance (Fidelity Bond)
  - a) Holder or beneficiary of bond is "Office of Emergency Services."
  - b) Certificate of Liability Insurance expires 06/30/10, while the grant period ends 09/30/10.
- 2) Need a CEQA compliance memo.
- 3) 2-201 reports have been consistently turned in late.
- 4) On the general ledger, "Dues and Subscriptions" was a line item that was not included the Grant Award budget.
- 5) In-Kind Match of volunteer time was not included in the project's Statement of Revenues and Expenditures as a line item.
- 6) Volunteer time from the phone crisis line is being used for In-Kind Match at a rate of ½ for CHAT and ½ for Domestic Violence with supporting documentation to show that ½ of the calls are CHAT related.
- 7) It did not appear that the project had Limited English Proficiency (LEP) policy document related to EEO requirements.

The Site Visit Letter will further explain the actions needed to bring these items into compliance.

**PROGRAMMATIC** (document strengths, topics needing improvement, follow-up, etc.)

The Programmatic Review revealed that for the most part the project is in compliance with Cal EMA requirements, but there were six programmatic issues that are addressed further in the Site Visit Letter. They are:

- 1) No documentation in the client therapy files of how the client qualified for CHAT services. (i.e., abuse or trauma, and lack of insurance or explanation of why they qualify if they have insurance).
- 2) In the client therapy files we reviewed, it appeared that they could have been more complete. Needed treatment goals and plans. Handwritten notes were at times hard to understand.
- 3) A child Behavior Checklist Assessment was used at intake, but no assessments were used at 6-month intervals or at termination.

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- 4) Although we were told that all volunteers had completed the required 40-hour training, no proof of volunteer's completion of the required 4-hour training prior to client contact was provided to us.
- 5) The project could only show us one of the seven required Operational Agreements.
- 6) The absence of Gloria Maxwell, Program Manager, was on extended family leave. This absence brought to light other issues related to access to documentation that is only on her computer and other employees not knowing how to use the R-Client software.

Please review the enclosed Site Visit Letter. Please sign the cover of this Site Visit Report and mail it to me at your earliest convenience. Also complete a Corrective Action Letter with the requested actions and documents and return them to me by March 11, 2010. Should you have any questions, please contact me at (916) 323-7730. Once again, thank you for meeting with Alan Logan and myself.